

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF FLORIDA  
DIVISION**

\_\_\_\_\_,  
Inmate # \_\_\_\_\_  
Plaintiff/Petitioner

vs.

CASE NO:

\_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_.  
Defendant(s)/Respondent(s).

\_\_\_\_\_/

**PRISONER CONSENT FORM AND FINANCIAL CERTIFICATE**

I, \_\_\_\_\_, plaintiff/petitioner in the above-entitled action, understand that:

1. If I submit a petition for writ of habeas corpus in this court, the filing fee is \$5.00. I must pay such fee if my current prison account balance is \$25.00 or more. I must request an authorized official to complete the attached Financial Certificate and I must attach a print-out reflecting all transactions in my inmate bank account for the full six (6) month period of time preceding the filing of this petition. [See paragraph 2(a)].

2. If I submit a civil rights complaint or other civil action, the filing fee is \$350.00. If my current account balance is more than \$400.00, I will not qualify for *in forma pauperis* status. I must pay the full \$350.00 filing fee before the Court will consider the merits of my complaint. I must request an authorized official to complete the attached Financial Certificate and I must attach a print-out reflecting all transactions in my inmate bank account for the full six (6) month period of time preceding the filing of this complaint.

(a) If I have not been incarcerated at my current institution for six months, I must obtain an account statement from each facility at which I have been confined during the relevant six month period of time. Failure to submit the required account statements may result in the denial of this *in forma pauperis* application.

(b) Pursuant to the Prison Litigation Reform Act of 1995, 28 U.S.C. § 1915 (as amended), even if I am granted leave to proceed *in forma pauperis*, I must pay the entire \$350.00 filing fee in full. I AM OBLIGATED TO PAY THE ENTIRE \$350.00 FILING FEE REGARDLESS OF THE DISPOSITION OF THIS CASE (including dismissal).

(c) If I am allowed to proceed *in forma pauperis*, I may still be required to submit an initial partial filing fee. 28 U.S.C. § 1915(b)(1). My failure to submit an initial partial filing fee, if assessed, may result in the dismissal of this case and the inability to proceed *in forma pauperis* in the future.

(d) The officials at the institution at which I am presently confined or any institution to which I may be transferred are hereby authorized to make additional monthly payments from my account until the balance of the \$350.00 filing fee is paid. These additional monthly payments will be up to 20% of all the preceding month's deposits in my account. Institution officials shall submit these monthly payments directly to the Court whenever the funds in my account exceed \$10.00. I recognize my responsibility to alert officials at any institution to which I may be transferred in the future of my obligation to pay the full amount of the filing fee. I acknowledge that the Court may, from time to time, require me to provide additional financial records or account statements.

\_\_\_\_\_  
SIGNATURE OF PLAINTIFF

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF PLAINTIFF

\_\_\_\_\_  
INMATE NUMBER

\*\* It is the inmate's responsibility to obtain the required print-out(s) from each institution at which he or she may have been confined during the preceding six months and provide them to the official completing this form.

\*\*\*\*\*

**FINANCIAL CERTIFICATE**

(To be completed by Authorized Penal Official)

A PRINTOUT OF ALL TRANSACTIONS IN THE INMATE'S  
PRISON ACCOUNT FOR THE PRECEDING SIX (6) MONTHS **MUST** BE ATTACHED.

1. Current Account Balance:
2. Average Monthly Balance for preceding 6 months:
3. Average Monthly Deposits for preceding 6 months:

**I hereby certify that, as of this date, the above information for the prison account of the inmate named above is correct.**

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED OFFICIAL

\_\_\_\_\_  
DATE

PLEASE COMPLETE THIS FORM IN INK, IN A COLOR OTHER THAN BLACK.